

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)				SERIAL NO. 10/049174	FILING DATE
				APPLICANT(S)	
				CLAIMS	
1st FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	ID.	DEP.	IND.	DEP.
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TOTAL IND.	1	↓	1	↓	↓
TOTAL DEP.	9	↓	9	↓	↓
TOTAL AIMS	10	↓	10	↓	↓
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS					
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